ITHEA Corporation Pty Ltd trading as Institute of Tertiary & Higher Education Australia • T: +61 3 9650 3900• F: +61 3 9650 3199• E: info@ithea.edu.au • W: www.ithea.edu.au City campus: Level 11, 168 Lonsdale St, Melbourne, Victoria, 3000, Australia • CRICOS Provider Code: 02892J • RTO Number: 22037 • ACN: 125 368 569 • ABN: 40 125 368 569



Reason	for Absence	e	Form							
the Attendance an	ed to inform ITHEA about any a d Lateness policy in your stude sed if you have missed any asse	nt ho	andbook.			our cou	rse. For	further d	etails please se	e
Student detai										
First Name:			Last Name:							
Address:										
Student Number:			Select ONE:				Domestic International			al
Email:			Telephone/Mobile:							
Code:	Course:			Trainer:					Date:	
	nce: (select one)									
Past absence (il		medical certificate attached								
Past absence (other) reasons & supporting documentation provided										
Dates/s of Abse	From	_/			То		//			
Declaration: I declare the information I have provided on this form is correct. I will notify ITHEA immediately of any further change in my details.										
Student Signatu		Date:								
Date received:	Receiv	Received by:								
PLEASE NOTE:										
In the case of absences, medical certificates are to be passed onto Admin for processing.										
OFFICE USE ONLY										
Course progress:	Satisfactory/Up to date		Unsatisfactory/Not up				p to date (include details below)			
Fees:	Owing	Owina Un			to date/Paid in Full			Not Applicable		
CoE affected?	NO – no further action need						S - PRISMs notified			
		•				•				
Comments:										
Approved by: Position:								Date:		
Entered on VETTRAK by:								Date:		